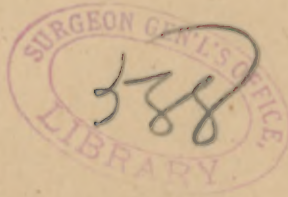


Dorland (W.A.N)

Congenital absence of the
uterus ~



CONGENITAL ABSENCE OF THE UTERUS.

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CONGENITAL absence of the uterus is an exceedingly infrequent occurrence, although congenital defects of the reproductive organs of the woman are not so rare as one would at first sight imagine. In a little over three thousand women personally examined by the writer during the past ten years, in three instances there were detected double uteri; once was there found a double vagina in association with a duplex uterus; in one instance was there a rudimentary condition of the uterus and vagina, the latter measuring in depth not more than two inches, while the uterus, examined per rectum, was not larger than a hazel-nut; and in one case, that about to be described, there was apparently an entire absence of the uterus, while the rudimentary vagina measured one and a half inches, the organ ending abruptly above in a cul-de-sac.

The variety of the congenital defect of these organs depends upon the time in embryonic development at which the disturbing factor begins to act. Most commonly this occurs late in embryonic life, after the ducts of Müller have attained their full maturity, but prior to the time at which they have fully coalesced to form the generative organs. The various forms of double uteri and vaginae are thus evolved. If, however, the arrest of development occur prior to the formation of the uterus by fusion of these ducts, or prior to the development of the ducts of Müller themselves, either one or both of these structures fail to appear; in the former instance

there results a uterus unicornis, or one formed by but a single Müllerian duct; in the latter case no trace of the uterus can be detected on manipulation, even when the patient is completely relaxed under the influence of an anesthetic. If, however, the pelvic cavities of such individuals could be examined carefully after death, it is not improbable that in almost all, if not in every case, some trace of the missing structures could be detected, microscopically if not macroscopically, in the form of fragments of rudimentary muscular tissue. To all intents, however, the uterus is absent in these women, and such cases must be handed down in medical records as instances of congenital absence of that organ. As to the ultimate cause of the failure of development in these and other abnormal congenital conditions absolutely nothing is known. Embryologists are remarkably reticent upon this interesting subject. The history of the case in question is as follows:

Clara F., a Russian girl of rather pleasing cast of features, and decidedly more intelligent than most of the women exhibiting the same anatomic condition, presented herself at the clinic of Professor Harris A. Slocum, in the Polyclinic Hospital, on the evening of April 9, 1895. She stated that she was eighteen years of age. She was somewhat undersize, but fairly well nourished. Her general complexion was dark, and her appearance mature. In no way did her physique suggest the existence of any physical defect. Her voice was full and mature, her manner timid. She further stated that she had never seen her menses, that she suffered

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considerably from headaches, mainly frontal in situation, that her habit was markedly constipated, that she was subject to severe cardiac palpitation, and that she often complained of vague, low-down abdominal pains. As far as could be ascertained she did not at any time suffer from menstrual molimina. Stethoscopic examination of the heart revealed a loud murmur associated with a condition of mitral stenosis. This cardiac condition was very materially improved under the exhibition of a mixture consisting of the fluid extract of cactus grandiflorus, strychnin, compound sirup of the hypophosphites, and compound tincture of gentian. The action of the heart under this formula became more regular, and the distressing symptoms largely disappeared.

On investigating the cause of the amenorrhea, an interesting state of affairs was discovered. It was found impossible to intro-

duce the finger into the vaginal tract, although the vulvar orifice appeared to be normal in every respect. The pubic hairs were fairly well developed, but there was a complete absence of hairs in the axillæ. The mammæ were no larger than those of a man. Rectal exploration of the pelvis was then resorted to, but no trace of a uterine body could be detected, the finger of the hand placed above the pubic symphysis coming in contact with the rectal finger in all directions. This examination did not elicit any tenderness, and the abdominal walls were remarkably lax for a virgin, thereby still further facilitating the exploration. The uterine sound introduced into the vagina reached the upper terminus of that organ one and a half inches above the vulvar orifice. The woman was apprised of her condition, but she remained under observation for a few weeks only.

